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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF 7 (check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full)		
Kidney Care Partners Po	litical Action	Committee
Full Name (Last, First, Middle Initial) A. Hakim Roy Mailing Address 1) 19 Harpath Road City State	Zip Code	Date of Receipt
FEC ID number of contributing federal political committee, Name of Employer Occupation	37869	Amount of Each Receipt this Period
FMC Dialy	ysis Provider Year-to-Date ▼	
Full Name (Last: First_Middle Initial) B. DUGU, LAIC Mailing Address City, State	# 1100 Zip Code	Date of Receipt
FEC ID number of contributing federal political committee.	20025	Amount of Each Receipt this Period
Pagaint For:	nment Affairs Year-to-Date ▼ 125.04.00	
Full Name (Last, First, Middle Initial) C. Thiry, Kent Mailing Address (18 Mountain Home City / 1) and side	Road Zip Code94062	Date of Receipt ひら / しち / 2007
Woodside CA	79002	Amount of Each Receipt this Period

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SUBTOTAL of Receipts This Page (optional)		4,250,00
TOTAL This Period (last page this line numl	per only)	14,250.50

FEC ID number of contributing federal political committee.

General

Name of Employer

Receipt For: Primary